

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 1 2

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

08-13-03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 438, 489, 422.128, 447.60, 435.212 & 326

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1 (List of Attachments)

Page 9

Page 11

Page 45(a)

Page 45(b)

Page 46

SEE ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

OR ATTACHMENT (If Applicable):

Same Page, Revised 10-01-91, TN#92-01

Same Page, Revised 11-01-74, TN#74-93

Same Page, Revised 07-01-95, TN#95-01

Same Page, Revised 12-01-91, TN#91-16

Same Page, Revised 12-01-91, TN#91-16

Same Page, Revised 07-01-95, TN#95-01

10. SUBJECT OF AMENDMENT:

State Plan change regarding Managed Care pursuant to the 1997 Balanced Budget Act

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

23 SEPTEMBER 2003

18. DATE APPROVED:

9 DECEMBER 2003

19. EFFECTIVE DATE OF APPROVED MATERIAL:

13 AUGUST 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty

Jim Hancock

Billie Wright

All pen + ink changes per state's 12/11/03 e-mail.

LIST OF ATTACHMENTS

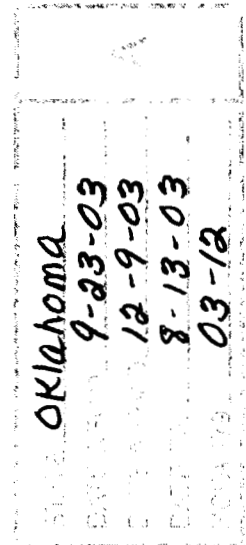
- | <u>No.</u> | <u>Title of Attachments</u> |
|------------|---|
| *1.1-A | Attorney General's Certification |
| *1.1-B | Waivers under the Intergovernmental Cooperation Act |
| 1.2-A | Organization and Function of State Agency |
| 1.2-B | Organization and Function of Medical Assistance Unit |
| 1.2-C | Professional Medical and Supporting Staff |
| 1.2-D | Description of Staff Making Eligibility Determination |
| *2.2-A | Groups Covered and Agencies Responsible for Eligibility Determinations |
| | * Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18 |
| | * Supplement 2 - Definitions of Blindness and Disability (<u>Territories only</u>) |
| | * Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home |
| *2.6-A | Eligibility Conditions and Requirements (<u>States only</u>) |
| | * Supplement 1 - Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries |
| | * Supplement 2 - Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups |
| | * Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid |
| | * Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program |

*Forms Provided

SUPERSEDES TN # 92-01

Revised 08-13-03

TN # <u>03-12</u>	Approval Date <u>12-9-03</u>	Effective Date <u>8-13-03</u>
Supersedes		
TN # <u>92-01</u>		



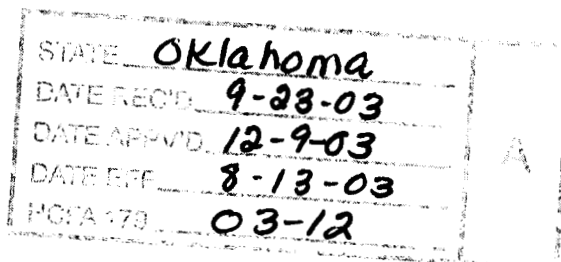
State: OKLAHOMACitation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care Services established in accordance with and Meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

SUPERSEDES TN 74-93

Revised 08-13-03

TN # 03-12
Supersedes
TN # 74-93

Approval Date 12-9-03Effective Date 8-13-03

State/Territory: OKLAHOMACitation

42 CFR

435.914

1902(a)(34)

of the Act

2.1(b) (1)

Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2)

For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

1902(a)(47) and

X (3)

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

STATE	<u>OKla.homa</u>
DATE RECD	<u>9-23-03</u>
DATE APPROV	<u>12-9-03</u>
DATE EFF	<u>8-13-03</u>
FOIA 173	<u>03-12</u>

SUPERSEDES TN 95-01

Revised 08-13-03

TN # 03-12Approval Date 12-9-03Effective Date 8-13-03

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TN # 95-01

State: OKLAHOMACitation

1902 (a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:

- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

91-16

SUPERSEDES

OKlahoma
9-23-03
12-9-03
8-13-03
03-12

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Supersedes

TN # 91-16

State/Territory: OKLAHOMA

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.

- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

Not applicable. No State law Or court decision exist regarding advance directives.

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TN # 03-12
Supersedes
TN # 91-14

Approval Date 12-9-03

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SUPERSEDES. BY 97-16

OKlahoma
9-23-03
12-9-03
8-13-03
03-12

State/Territory: OKLAHOMACitation

42 CFR 431.60
 42 CFR 456.2
 50 FR 15312
 1902(a)(30)(C) and
 1902(d) of the
 Act, P.L. 99-509
 (Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

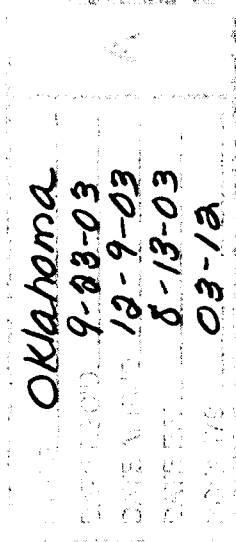
(1) Meets the requirements of §434.6(a):

(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;

(3) Identifies the services and providers subject to PRO review;

(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and

(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.



1932(c)(2)
 and 1902(d) of the
 ACT, P.L. 99-509
 (section 9431)

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.

SUPERSEDES TN # 95-01

Revised 08-13-03

TN # 03-12

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Supersedes

TN # 95-01

State/Territory: OKLAHOMACitation4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

____ Not applicable.

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DATE REC'D	<u>9-23-03</u>
DATE RECD	<u>12-9-03</u>
DATE REC'D	<u>8-13-03</u>
DATE REC'D	<u>03-12</u>

SUPERSEDES TN 93-07

Revised 08-13-03

TN # 03-12Approval Date 12-9-03Effective Date 8-13-03

Supersedes

TN # 93-07

State/Territory: OKLAHOMACitation42 CFR 447.51
through 447.584.18 Recipient Cost Sharing and Similar Charges

(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b)
of the Act

(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

☐ Age 19

☐ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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9-23-03
12-9-03
8-13-03
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TN # 92-01

State/Territory: OKLAHOMACitation

4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58(iii) All services furnished to pregnant women.
women.☐ Not applicable. Charges apply for services
to pregnant women unrelated to the
pregnancy.(iv) Services furnished to any individual who is an
inpatient in a hospital, long-term care facility, or
other medical institution, if the individual is required,
as a condition of receiving services in the institution
to spend for medical care costs all but a minimal
amount of his or her income required for personal
needs.(v) Emergency services if the services meet the
requirements in 42 CFR 447.53(b)(4).(vi) Family planning services and supplies furnished to
individuals of childbearing age.(vii) Services furnished by a managed care
organization, health insuring organization, prepaid
inpatient health plan, or prepaid ambulatory health
plan in which the individual is enrolled, unless they
meet the requirements of 42 CFR 447.60.☒ Managed care enrollees are charged
deductibles, coinsurance rates, and
copayments in an amount equal to the State
Plan service cost-sharing.☐ Managed care enrollees are not charged
deductibles, coinsurance rates, and
copayments.(viii) Services furnished to an individual receiving
hospice care, as defined in section 1905(o) of
the Act.

Revised 08-13-03

42 CFR 438.108
42 CFR 447.601916 of the Act,
P.L. 99-272,
(Section 9505)

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TN # 03-12
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TN # 92-01Approval Date 12-9-03Effective Date 9-13-03